



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 138032		3. This Statement covers From: 04/21/08 to 05/26/08	
2. Committee Name Friends of Clifford Terry		4. Candidate Last Name Terry First Name Clifford M.I. W 4a. Office Sought Including District # or Community Served (If applicable) Board of Education - Warren Consolidated Schools 4b. County of Residence Macomb	
5. Committee's Mailing Address 33196 Priehs Ct. Sterling Heights, MI 48310 Area Code and Phone (586) 405-2602 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address Jennifer Terry 33196 Priehs Ct. Sterling Heights, MI 48310 Area Code & Phone (586) 405-2602	
7. Treasurer's Business Address Area Code and Phone		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) John Cafagna 41943 Montroy Dr. Sterling Heights, MI 48313 Area Code and Phone (586) 731-7871	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input checked="" type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 05/06/08		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper John Cafagna Type or Print Name		Signature Date 6/5/08	
Candidate Clifford Terry Type or Print Name		Signature Date 6/5/08	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number _____

2. Committee Name _____

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	1,690.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	\$0.00	(18.) \$ \$0.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	\$1,690.00	(20.) \$ \$9,098.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	\$0.00	(21.) \$ \$1,257.59
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	\$0.00	(22.) \$ \$0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	\$1,907.73	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	\$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	\$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	\$1,907.73	(23.) \$ \$7,232.84
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	\$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	\$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	\$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	\$1,032.59	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	\$0.00	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	\$2,082.89	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	\$1,690.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	\$3,772.89	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	\$1,907.73	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	\$1,865.16	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138032

2. Committee Name Friends of Clifford Terry

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/23/08</u>	
Name & Address: Pamela Appel 28850 Ramblewood Dr. Farmington Hills, MI 48334		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/23/08</u>	
Name & Address: Melanie Reyes-Mudd 29315 Merrick Warren, MI 48092		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/23/08</u>	
Name & Address: Karen Soper 23130 Forrest Oak Park, MI 48237		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/23/08</u>	
Name & Address: Tanya Cutrell 52144 Huntley Ave New Baltimore, MI 48047-2186		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$60.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 1380322. Committee Name Friends of Clifford Terry

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04/23/08

Name & Address:

Susan Dlouhy
33970 Curcio Dr.
Sterling Heights, MI 48310\$ 20.00\$ 20.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 04/23/08

Name & Address:

Lori Petracci
2011 Peterwood
Rochester Hills, MI 48307-4330\$ 30.00\$ 30.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 04/23/08

Name & Address:

Rosemarie Dyer
707 N. Rosedale Ct.
Grosse Pointe Woods, MI 48236\$ 20.00\$ 20.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 04/23/08

Name & Address:

Mary Hines
13366 Wales
Huntington Woods, MI 48070\$ 10.00\$ 10.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$80.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)Enter this total on
line 3a of Summary
Page.Page 2 of 3



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138032

2. Committee Name Friends of Clifford Terry

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/07/08</u>	
Name & Address: Sarah Gagnon 8341 Oak Tree Lane Warren, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/07/08</u>	
Name & Address: MEA Political Action Council 1216 Kendale Blvd PO Box 2573 East Lansing, MI 48826		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>05/07/08</u>	
Name & Address: U.A.W. Michigan V PAC 8000 E Jefferson Detroit, MI 48214		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,550.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$1,690.00

Enter this total on
line 3a of Summary
Page.

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MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138032
2. Committee Name Friends of Clifford Terry

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Metro Credit Union</u> Address <u>Warren, MI 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Banking Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/08</u> Date	<u>\$ 2.00</u>
Expenditure #2 Name <u>American Graphics Printing Co.</u> Address <u>34895 Groesbeck Hwy.</u> <u>Clinton Twp., MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/28/08</u> Date	<u>\$ 897.82</u>
Expenditure #3 Name <u>Mass Mailing LLC</u> Address <u>35468 Mound Rd</u> <u>Sterling Heights, MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mail Service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/08</u> Date	<u>\$ 538.05</u>
Expenditure #4 Name <u>U.S. Post Office</u> Address <u>30550 Gratiot Ave.</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/08</u> Date	<u>\$ 471.86</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

\$1,907.73

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$1,907.73

Enter this total
on line 8a of
Summary Page